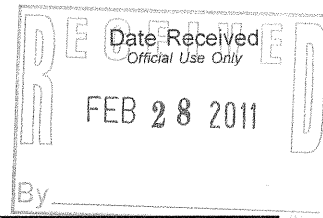


STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
FEIT MARCELINA LINDA

1. Office, Agency, or Court

Agency Name

Independent Citizen's Oversight Committee

Division, Board, Department, District, if applicable

Your Position

Member

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☒ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☐ Other _____

3. Type of Statement (Check at least one box)

- ☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is ____/____/____, through December 31, 2010.
☐ **Leaving Office:** Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.
☐ **Assuming Office:** Date ____/____/____
☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

- ☐ **Schedule A-1 - Investments** - schedule attached
☐ **Schedule A-2 - Investments** - schedule attached
☐ **Schedule B - Real Property** - schedule attached
☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached
☐ **Schedule D - Income - Gifts** - schedule attached
☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or-

☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

Pleasanton CA _____

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 5/23/11
(month, day, year)

Signature _____
(file the originally signed statement with your filing officer)

(Other than Gifts and Travel Payments)

Name _____

Name _____

► **1. INCOME RECEIVED**

ValleyCare Health System

5555 W Las Positas Blvd, Pleasanton, CA 94588

Health Care

President and CEO

☐ Other _____ (Describe)☐ Other _____ (Describe)

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

☐ Other _____ (Describe) _____

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

Comments: _____